

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **43378**

**FILED DEC 27 1950**

BIRTH NO. _____		REG. DIST. NO. <b>360</b>		PRIMARY REG. DIST. NO. <b>3076</b>		Registrar's No. <b>949191</b>	
1. PLACE OF DEATH a. COUNTY <b>Vernon</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Vernon</b> <b>1082</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Nevada</b>		c. LENGTH OF STAY (in this place) <b>46 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Nevada</b>		<b>8</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Nevada City Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>604 S. Ash St.</b>			
3. NAME OF DECEASED (Type or Print) <b>Frone</b>		a. (First)		b. (Middle)		c. (Last) <b>Frasier</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>Dec 6th, 1870</b>	
9. AGE (In years last birthday) <b>78</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		11. BIRTHPLACE (State or foreign country) <b>Mt. Vernon, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>J. B. Shipman</b>		13b. MOTHER'S MAIDEN NAME <b>Martha L. Moore</b>		14. NAME OF HUSBAND OR WIFE <b>George Frasier</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>George Frasier, Nevada, Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary heart failure</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Valvular heart disease</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <b>none</b>				19b. MAJOR FINDINGS OF OPERATION			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Dec. 1, 1950</b> , to <b>Dec. 4, 1950</b> , that I last saw the deceased alive on <b>Dec. 4, 1950</b> , and that death occurred at <b>2:00 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>E. R. King M.D.</b> (Degree or title)				23b. ADDRESS <b>Nevada, Mo</b>		23c. DATE SIGNED <b>Dec. 5, 1950</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12-6-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Newton Burial Park</b>		24d. LOCATION (City, town, or county) (State) <b>Nevada, Mo</b>	
DATE REC'D BY LOCAL REG <b>Dec. 8, 1950</b>		REGISTRAR'S SIGNATURE <b>W. H. Yancy</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Eichinger Funeral Home, Nevada, Mo.</b>			

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED DEC 11 1950

Dist. File 1250-2475

Date Filed 12-14-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Mark E. Schuyler*

Signed.....  
Student Embalmer

Licensed Embalmer No. ....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.